Fulfilling the Dream for Our Children

The Liz Thomas Legacy Policy Summit to Eliminate Racial Disparities in Infant Mortality

A Project of the Equal Start Community Coalition, 2010-2011

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Dedication

This report and the ongoing work of the Equal Start Community Coalition are dedicated to the memory of **Mrs. Elizabeth Thomas, BSN, MN ARNP** (April 15, 1934 – February 9, 2011).

Elizabeth R. Thomas (Mrs. T) was the first African American to complete the Pediatric Nurse Practitioner program at the University of Washington School of Nursing and the first African American to work as an ARNP in Seattle. Mrs. T was a Pediatric Nurse Practitioner for over twenty-five years before retiring from Odessa Brown Clinic where she was not only the famous clinician for teen mothers but also an avid community advocate for all youth and their families.[1]

Mrs. Thomas had a tremendous impact on shaping the health and social history of Washington State. Among her many notable achievements were: collaborating with the King County Health Department to set up The Baby Buckle Program; helping to develop and implement Washington State's immunization law; and starting an ongoing community-parenting program that provides positive parenting skill to families who are involved in the court system. She was also a preceptor for nursing students from all the major nursing schools in the Seattle area, as well as for physicians.

Families, patients, and friends all knew Mrs. Thomas as an unsung hero who was totally committed to the well being of all children. Through her endeavors she touched many lives and received numerous awards for her love and commitment to children and families.

Lament for Mrs.T

Your quiet capacity to command respect,
We're saddened to lose your smile, your friendship,
your guidance, your commitment, your loyalty and your grace.
Know that your advice and passion for social justice is alive.
It's here in the community fueled by your example and teaching.
"Never give up the struggle," you'd say,
"even when the going gets tough."
You got it right during this life, Mrs. Thomas,
and we thank you for the gifts you passed on to us.

- By Dr. Robert Putsch

[1] Washington State Nurses Association (WSNA). Hall of Fame: Elizabeth R. Thomas, BSN, MN, ARNP. Retrieved from: http://www.wsna.org/Hall-of-Fame/Elizabeth-Thomas/. Retrieved on Jan 22, 2012.

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Executive Summary

Racial disparities in health in the United States are large and pervasive, and have significant consequences. One of the largest disparities found in health research is racial and ethnic differences in infant mortality. Washington State has experienced steady declines in infant mortality over the past 30 years, resulting in a rate that is among the lowest nationwide. However, these health improvements have not occurred equally for all racial and ethnic groups. In spite of numerous efforts, African American and Native American babies in Washington State are still dying between two and three times the rate of all other babies.

The path to a healthy or unhealthy life for our babies depends on many factors outside the health care system. Early life disadvantages in addition to lifelong exposure to social and economic inequities such as neighborhood poverty, racial discrimination, and job strain explain the persistence of the racial gap in birth outcomes. Eliminating disparities in infant mortality will require that we address its root causes by looking "upstream" to the places in which we live, work, learn, and play—and work together across sectors to actively build a healthy future for our babies and society.

For over twenty years the Equal Start Community Coalition has been working to promote healthy mothers, healthy families and healthy communities. The goal of the Coalition is prevent infant mortality by promoting collaboration between communities and the health care sector, advocating for health equity, impacting political processes, and eliminating institutional racism. The Coalition is sustained through the shared vision of its members of a future where all babies have an equal start in life.

Over the past year and a half, the Coalition has focused on organizing a Summit to bring community members, providers, and decision makers together to generate new solutions to the longstanding issue of racial disparities in birth outcomes. On September 15, 2011, over 140 stakeholders from around the Puget Sound gathered to bring this idea to life. Participants contributed their thoughts, ideas, and expertise to identify practical actions to change the stressors and influences that lead to disparities in birth outcomes. The frameworks developed at the Summit will assist in the development a regional Action Plan to eliminate racial disparities in birth outcomes, which in turn will inform the future work of the Equal Start Community Coalition.

This report is meant to document the hard work and results of over a year and half of organizing for the Summit, and to serve as a resource for the Coalition moving forward. It is also intended to uphold the three guiding principles of the Summit:

- Hold the women and families most affected at the center
- Facilitate action more than dialogue
- Forge new partnerships with sectors outside of health

The report will also contribute to the growing body of literature on community-driven efforts to address racism and its impacts on infant mortality.

1 Background of the work

1.1 Racial disparities in birth outcomes

Despite major advances in medical care, critical threats to maternal, infant, and child health exist in the United States. Among the Nation's most pressing challenges are reducing the infant death rate, which in 2011 remained higher than the infant death rate in 46 other countries.[2] Infant death remains an important indicator of health for whole populations, reflecting the intuition that structural factors affecting the health of entire populations have an impact on the mortality rate of infants.[3]

Racial and ethnic disparities in health have generated increasing attention and concern in the past few years. One of the largest disparities found in health research is racial and ethnic differences in infant mortality.[4] Although the rates of infant mortality in the United States have declined for all populations over time, in the midst of this general improvement there has been a widening in the racial disparity of birth outcomes. For example, the infant mortality rate of African Americans increased from 1.6 to 2.4 times that of Whites from the 1950s through 2005.[5]

Washington State has experienced steady declines in infant mortality over the past 30 years, resulting in a rate that is among the lowest nationwide. However, these health improvements have not occurred equally for all racial and ethnic groups. African American babies in Washington State, die at nearly twice the rate of White babies (7.9 infant deaths per 1000 live births in 2007-2009 combined).[6] Equally worrisome, American Indian/Alaska Native (AI/AN) babies in Washington die between two and three times the rate of White, Hispanic, and Asian/Pacific Islander babies (10.7 infant deaths per 1000 live births in 2007-2009 combined).

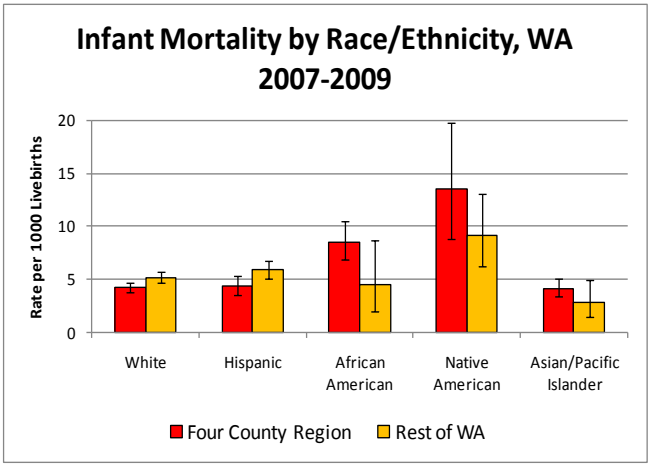

Figure 1. Graph from: Hayes M. Presentation: "Fulfilling the Dream for Our Children: A Community Call to Action on Infant Mortality. " 14 Jan 2011.

In the four-county region of King, Pierce, Snohomish, and Kitsap Counties, these disparities are even more pronounced—as visible in Figure 1. A large proportion of births to the state's African American mothers (85.9%) and Native American mothers (37.3%) occur in this region. Therefore, a focus on the

[2] Healthy People 2020. Leading Health Indicators: Maternal, Child, and Infant Health. http://healthypeople.gov/2020/
[3] Reidpath DD, Allotey. Infant mortality rate as an indicator of population health, *J Epidemiol Community Health* 2003;57:344–346. 2003
[4] MacDorman MF, Mathews TJ. Understanding racial and ethnic disparities in U.S. infant mortality rates. NCHS data brief, no 74. Hyattsville, MD: National Center for Health Statistics. 2011.
[5] Collins JW, David RJ. Racial Disparity in Low Birth Weight and Infant Mortality. *Clin Perinatol* 36. 2009; 63–73.
[6] Washington State Department of Health. MCH Data Report. February 2011.

four-county region could potentially result in significant impact on birth outcomes for the highest risk populations of Washington State.

Presently birth outcomes are explained largely in terms of what happens during pregnancy (e.g. current socioeconomic status, maternal cigarette smoking, prenatal care utilization, and stress or infections during pregnancy), and disparities in birth outcomes are explained by differential exposures to protective and risk factors during pregnancy.[7] Yet numerous studies have found that the disparities in birth outcomes are not only persistent but actually widen as women's sociodemographic status, medical status, and behavioral status decline.[5] According to the life-course approach posited by Lu and Halfron,[7] early life disadvantages in addition to lifelong exposure to social and economic inequities such as neighborhood poverty, racial discrimination, and job strain can help explain the persistence of the racial gap in birth outcomes. However, this is a complex issue, as evidenced by the fact that certain ethnic groups such as Asians and Latinas tend to have better birth outcomes than other groups such as African Americans and American Indians/Alaska Natives—even though all groups may face similar disadvantages and inequities. While research documenting the impacts of stress and racism on birth outcomes is ever-increasing, there are currently few examples of effective practices to address such complex and interwoven issues.[8]

1.2 A brief history of the Equal Start Community Coalition

For over twenty years the Equal Start Community Coalition has been working to promote healthy mothers, healthy families and healthy communities, with the goal to prevent infant mortality by promoting collaboration between communities and the health care sector, advocating for health equity, impacting political processes, and eliminating institutional racism. The following section provides a brief overview of the unique and rich history of this community coalition, and is also supplemented by a timeline of the Coalition in Appendix A.

1.2.1 The early years: 1991-1995

The Equal Start Community Coalition grew out of an early 1990's project to deal with infant mortality in the Seattle King County area. On November 2, 1991, a conference on *Urban Infant Mortality: The Northwest Challenge* drew 250-300 stakeholders from around the region. In nine workshops, the participants developed recommendations to provide the elements of an action plan. Important elements of the plan included: reinforcing the essential role of perinatal outreach workers, improving the cultural competence of health care providers, eliminating categorical barriers to care, providing a client focused service delivery system, and taking action at the legislative and policy levels. Significantly, the conference also underscored the importance of addressing the root causes of infant mortality:

[7] Lu MC, Halfon N. Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective. *Maternal and Child Health Journal*. 2003; 7(1).

[8] City**M**at**CH** , AMCHP, NHSA. (February 2011). Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism's Impacts on Infant Mortality. Omaha, NE: CityMatCH at the University of Nebraska Medical Center.

"We need to remember that focusing on the infant mortality rate alone is often an over-simplification of the problem. We have to get underneath the leading causes to the problems which create the risk factors: that always comes down to the basics - adequate food, shelter and safety. We can add HIV/AIDS, violence, accidents, substance abuse and no surprise: POVERTY."
Dorothy H. Mann, M.P.H., Opening Remarks at 1992 Conference.

To achieve the multi-sector strategies outlined in the Action Plan, neighborhood task forces were convened including the Central Seattle Infant Mortality Committee (CSIMC). The CSIMC became particularly active following a racially charged incident in 1992 when a perinatal outreach worker documented the unprofessional treatment of her client by local hospital staff. After developing into a weighty conflict between community members and the hospital in question, a settlement was reached and the CSIMC developed into the Taskforce—a collaborative between the hospital, community members, service providers, and Public Health – Seattle & King County (PHSKC). The Taskforce was focused on improving quality of care for underserved pregnant women, providing support to outreach workers, and addressing other trouble cases as necessary.

1.2.2 The Interim Years: 1995-2008

For the next eighteen years the Taskforce continued to meet regularly under the leadership of two respected community leaders, Ms. Elizabeth Thomas, RN, ARNP, and Dr. Bob Putsch, MD. While funding sources dwindled and membership changed over the years, a core group of individuals and organizations voluntarily sustained the Taskforce. This committed base ensured that that the Taskforce was community-directed, and the coming together of many partners was considered to be a pivotal value of the work. A full list of these partners, both past and present, is available in Appendix B and incorporated into the timeline in Appendix A.

Over time the focus of the Taskforce increasingly broadened to address upstream causes of racial disparities in birth outcomes, with the recognition that infant mortality rates have not improved equally for African American and Native American communities in spite of general improvements over time. In 2008 the Taskforce began a strategic planning process and in 2010 chose a new name—the Equal Start Community Coalition—to reflect an expanded mission (see Figure 2) and engage new partners.

Figure 2.

The mission of the Equal Start Community Coalition is to promote healthy mothers, healthy families and healthy communities. The main goal of the Coalition is to prevent infant mortality by promoting collaboration between communities and the health care sector, advocating for health equity, impacting political processes, and eliminating institutional racism.

1.3 A call to action

1.3.1 Summit beginnings

As the Coalition expanded in scope, the vision of one community leader in particular profoundly affected its future. Mayet Dalila of IntraAfrikan Konnections envisioned the mobilization of community members to result in a Summit on racial disparities in birth outcomes. The Summit would bring affected community members together with providers and policy makers, to work collaboratively to develop new solutions to this longstanding issue. After several unsuccessful grant applications, a work group convened in early 2010 to build interest and momentum for such a Summit. The primary *vision* for the Summit was to get community members, providers, and policy makers together in the same room to discuss the root causes of poor birth outcomes for Native American and African American women. The primary *goal* of the Summit was to create a regional action plan that would address the upstream inequities of racial disparities in birth outcomes and find new ways to ensure an equal start for every child.

While the Summit was originally planned for October 2010, the date was pushed back to September 15, 2011 for several important reasons. First and foremost, planning committee members decided that it was an equity issue to compensate community members for their participation in the Summit. It took several rounds of grant applications and the hard work of all involved to ensure that these funds were ultimately secured. Secondly, preparatory activities were essential to achieving the vision and goal of the Summit. For example, organizing efforts prior to the Summit were to include the education of community members around the social determinants of health and preparation of policy makers and decision makers to come to the table and listen to the stories of women from affected communities. While these activities were necessary to ensure that stakeholders came to the table ready to work together on a regional action plan, ultimately these activities could not be completed by the October 2010 date.

1.3.2 A Kickoff to the Summit

In spite of these substantial challenges, Coalition and planning members remained focused on their shared commitment and found innovative ways to continue their work. To sustain momentum it was decided to hold a "Kickoff" event on January 14th, 2011 to precede a more focused organizing period that would culminate in the September 2011 Summit. A new name was also chosen to represent the cumulative effort: *Fulfilling the Dream for Our Children: A Community Call to Action on Infant Mortality.*

On January 14th, 2011 the Equal Start Community Coalition officially launched its Kickoff event. In a packed room, over eighty participants discussed their work and commitment to eliminating racial disparities in birth outcomes in the 4-county region of King, Tacoma-Pierce, Snohomish, and Kitsap counties. The event featured Dr. Camara Jones, a national expert on racism and health disparities, and ended with a survey to collect information about participants' willingness to further engage in Summit organizing efforts. 74% of participants (60 out of 81) responded to either the paper or the online

survey and indicated a strong level of commitment to further involvement with the *Fulfilling the Dream* effort. Most importantly, Kickoff participants followed up by attending Equal Start Community Coalition meetings, conducting outreach for the Summit, or staying involved peripherally via the Coalition listserv. This helped to set the stage for a more comprehensive Summit in September 2011.

1.3.3 From Kickoff to Summit

The January 14th kickoff served its purpose by generating momentum for a successful Summit on September 15, 2011. Between the kickoff and Summit, significant changes in the Coalition took place after the passing of Ms. Elizabeth Thomas (Ms. T) and the formation of an Executive Committee to be the new leadership. The death of Ms. T energized the Coalition, whose members felt compelled to live up to her achievements. The Summit was dedicated to her memory, and re-named the Liz Thomas Legacy Policy Summit on Infant Mortality.

Organizing for the Summit strengthened the Coalition as new partnerships were made and old partners returned to the table. Major activities at this time included the formation of planning sub-committees, development of an informational one-pager, and submission of several grant proposals. Eventually funding was secured from a total of nine separate sponsors, most of whom were already partners in the effort and came forward to offer financial support. An RFP was released for community based organizations to recruit community members for the Summit. The recipients of these awards, the Native American Women's Dialogue on Infant Mortality (NAWDIM) and Center for MultiCultural Health (CMCH) are longtime members of the Coalition and had been active contributors to Summit planning efforts.

In order to recruit community members to participate in the Summit, NAWDIM and CMCH staff attended numerous community events to talk with Native American and African American women one on one about the Summit. Both organizations used their extensive contacts and networks to recruit participants for pre-Summit community dialogue sessions. During these sessions community members learned about racial disparities in infant mortality rates and discussed the upstream factors resulting in poor birth outcomes for Native American and African American women. These efforts were essential in helping community members understand how infant mortality impacts communities and the importance of participating in the Summit.

At the same time that NAWDIM and CMCH were engaging in outreach with community members, a subcommittee formed to develop a strategy for recruiting policy makers, decision makers, and providers to the Summit. The subcommittee created a decision matrix to inform the recruitment strategy for these stakeholders, which is available in Appendix C. The intention of the matrix was to be sure that policy members, decision makers, and providers invited to the Summit came prepared to "roll their sleeves up" for the hard work of action planning, and to both listen to and engage with community members.

Significant time was also dedicated to planning the Summit agenda. The day of the Summit was carefully structured to provide time for *reflection* on the upstream causes of racial disparities in birth outcomes, *dialogue* between community members and policy makers, and *action* through the collaborative formation of a regional action plan. To prepare in advance, participants were asked to identify a priority issue area for them in working to eliminate racial disparities in birth outcomes. Issue areas were determined from responses from the January kickoff survey, and included: early learning; health care/health reform; jobs/living wage; community development; environment/environmental health; education; housing; and transportation. Volunteer facilitators were trained in the Technologies of Participation focused conversation method to facilitate dialogues about these issues in small groups at the Summit.

Finally, three guiding principles were developed to keep planning and preparatory activities focused during the long period of organizing:

- Hold the women and families most affected at the center
- Facilitate action more than dialogue
- Forge new partnerships with sectors outside of health

These principles served to remind organizers of the original vision and goal of the Summit as they mobilized toward the September 15th, 2011 Liz Thomas Legacy Policy Summit to Eliminate Racial Disparities in Birth Outcomes.

2 The Liz Thomas Legacy Policy Summit to Eliminate Racial Disparities in Birth Outcomes

2.1 The event

Over 140 people attend the Summit on September 15, 2010. They included legislators, public health professionals, educators, outreach workers, urban planners, birth advocates, teenage mothers, academics, and a few babes in arms. Nearly 30 community-based organizations from around the Puget Sound Region were represented and actively participated in the formation of a Regional Action Plan to Eliminate Racial Disparities in Birth Outcomes.

The morning of the Summit included a welcome and blessing followed by an interview or "listening" panel where panelists offered different perspectives on the root causes of disparities in birth outcomes. After the panel small group discussions took place in which participants could share their reflections on the panel; after lunch small groups were convened again to discuss the priority areas they had identified for eliminating disparities. The second half of the day was therefore principally focused on developing the regional action plan.

2.2 The Action Plan

To develop the plan, a ToP (Technology of Participation) consensus workshop was

facilitated in which the participants were asked the question, “What practical actions could change the stressors and influences that lead to disparities in birth outcomes?” After individual brainstorming, five breakout groups were formed to discuss the ideas or “action goals” that participants had formulated in response to the focus question. Breakout groups grouped the action goals together into a framework and came to consensus on their 5-7 top ideas, which were then presented to the other groups. Table 1 below is an attempt to further synthesize these top ideas by aligning them with eight strategic arenas.

It is important to note that the ToP method is used to recognize and honor contributions of all. So while individual and group contributions have been synthesized into the larger strategic arenas in Table 1, these are meant to be representative of the original ideas—and when possible, words—of participants. The complete frameworks developed in the brainstorming sessions are available in Appendix G and should correspond to what is presented in Table 1.

Furthermore, since breakout groups were separated by region, representatives from Pierce County developed their own framework that is particularly unique since all other breakout groups represented King County. While the strategic arenas are meant to encapsulate the top ideas of all the breakout groups, the action goals in the Pierce County framework are specific to that county.

These strategic arenas and accompanying action goals represent the culmination of over a year’s worth of planning and organizing. However, they are also just the beginning of what will be a new phase for the Equal Start Community Coalition and Summit partners in working to eliminate racial disparities in birth outcomes in the Puget Sound region and beyond.

Table 1. Eight strategic arenas to change the stressors and influences that lead to disparities in birth outcomes – as identified by participants at the Liz Thomas Legacy Policy Summit to Eliminate Racial Disparities in Birth Outcomes – Sept 15, 2011

Focus Question: "What practical actions could change the stressors and influences that lead to disparities in birth outcomes?"

Eliminate institutional racism and address racism in all its forms ⇓		
Empower communities with the education and resources they need to advocate for themselves and create their own solutions to social issues	Reform the health care system to be more holistic, birth friendly, culturally competent, client-centered, and accessible	Strengthen family support services to put women, babies, and families at the center; find ways to streamline health care with social services
Enact family-friendly policies including better maternity leave, breastfeeding and parenting support	Provide equitable education throughout the lifespan, including job and life-skills training and information on health inequities and the impact of stress	Improve government by electing officials who champion equity and social justice, overturn unjust policies and ensure that the safety net remains intact
⇑ Recognize that health care is about health and care—beyond the medical system to the places where people live, learn, work and play		

3 Beyond the Summit

In moving forward, the Equal Start Community Coalition will be able to draw not only upon the framework developed at the Summit, but also upon the knowledge, resources, and partnerships developed during its yearlong organizing period. The Summit process itself has produced positive outcomes, challenges, and valuable lessons learned as the Coalition moves forward to develop and implement Regional Action Plan to Eliminate Racial Disparities in Birth Outcomes.

3.1 Positive Outcomes

Over 80 people attended the *Fulfilling the Dream* kickoff, and 140 attended the Liz Thomas Legacy Policy Summit. Participants have represented numerous sectors beyond maternal child health and the birth community, including environmental health, education, social services, and faith-based organizations. Follow-up surveys from the kickoff and Summit indicated a strong level of commitment to ongoing involvement in

the effort, and many participants have already followed through by attending Coalition meetings, conducting outreach or advocacy, or staying involved peripherally via the listserv. The Summit process has strengthened the Coalition, mobilized the infant mortality prevention community in the Puget Sound area, raised awareness and expanded the dialogue on how to build a regional effort to eliminate racial disparities in birth outcomes.

The large upswing in attendance at Coalition meetings and consolidation of partnerships during the Summit organizing process is likely to be very useful to the Coalition in moving forward. Partners that helped secure funding for the Summit may be able to assist in future fundraising efforts; community partners may help to drive Action Plan implementation at the ground level; legislators and other decision makers may take note of these activities and step forward to protect vital preconception, perinatal, parenting and early childhood resources and services. The new Executive Committee is dedicated to providing the same solid leadership that has kept the Coalition active for over 20 years, and new members provide the energy and enthusiasm to sustain momentum. The strong emphasis within the Coalition on the "community"—here defined as the *women most affected* by social inequities that result in poor birth outcomes and the web of individuals, groups, and institutions surrounding these women—reminds members to continually put women and babies at the center of their work while negotiating differences, building partnerships, advocating for and enacting change.

Another positive outcome of the Summit organizing effort has been the initiation of strategic planning for the Coalition. The Summit effort raised important questions about goals of the Coalition, how to represent the voice of the "community" and/or communities involved in the effort, how to frame and present the effort to others, how to involve sectors outside of health, and what language can be used to engage both decision makers and community members alike. This was especially evident during the development of the one-pager that was used publicize and recruit for the Summit (see Appendix E), as it took several months to reach consensus on the content and language of the document. However, the Coalition is truly exceptional in its level of commitment to honoring and incorporating diverse perspectives, experiences, and identities—and members are dedicated to the process of working together to achieve the shared goal of eliminating racial disparities in birth outcomes.

Strategic planning is recommended at times when an organization is going through a great deal of internal change or is being influenced by external factors. The Coalition leadership has recognized that strategic planning will greatly assist with Action Plan formation and implementation, and meetings are already underway to this effect.

3.2 Challenges

One repeated challenge for the Summit effort has been that of community member involvement. While the commitment of Coalition members to securing financial compensation for community members' time is certainly laudable, it may be difficult to

sustain over the long run. Conversations about how to define the "community" and incorporate community members into Coalition activities will certainly be ongoing, and at times may complicate moving quickly from dialogue to action. However, while this is an ongoing challenge for the Coalition, its commitment to the "community" in the Equal Start Community Coalition is also one of its greatest assets.

Another substantial challenge is that of enlisting sectors beyond health and health care. At the kickoff to the Summit, most participants self-identified as working in the health care sector and more than 70% indicated that health care/health care reform was a priority area for achieving the goal of equity in birth outcomes. At the Summit itself, 80% were from the health care sector and the remaining 20% represented other sectors. While a multi-sector approach is imperative to address the root or upstream causes of racial disparities in birth outcomes, there are numerous barriers to achieving this level of collaboration. Most Coalition members have expressed difficulty in explaining the effort to others within and beyond the health sector and/or making the case for their involvement. It is equally challenging to identify and enlist the support of the 'right' decision makers—whose support will be instrumental for the implementation of a regional action plan.

Finally, there is the challenge of time and limited resources. Executive Committee and Coalition members are working professionals, family members, and community activists—and all serve on the Coalition on a volunteer basis. The Coalition is also endeavoring to implement an ambitious action plan during a time of scarce fiscal resources and tumultuous politics at the local, state, and federal levels. It has yet to be determined whether the current political climate will provide a window of opportunity or create a barrier to implementing new solutions to longstanding social issues. Either way, the success of the Action Plan may hinge on its ability to be realistic, with clearly identified goals and objectives and built-in benchmarks and accountability measures.

3.3 Lessons learned

Lessons learned from the Summit process are ongoing. However, significant lessons have been learned over the last year of organizing.

1. **Acknowledge the challenge.** The issue of racial disparities in birth outcomes is very complex, and has multiple layers that will need to be addressed on an ongoing basis throughout the *Fulfilling the Dream* effort. Identifying new strategies to affect this longstanding issue poses a challenge to everyone.
2. **Stay focused on the center.** It is essential to stay focused on the center—women and babies—at all times. In large part, this is what has kept the Coalition in existence for over 20 years. Staying focused on the center will require ongoing affirmation of Coalition and Summit Planning Committee members' shared commitment to serving the most affected and confronting the upstream inequities that result in disparities in birth outcomes.
3. **Involve the community.** Community voices must be included and community members empowered to join the effort. This is an equity issue and the only way for

Coalition and Committee members to understand and address the priority issues that are currently facing their communities. Increased community involvement may either alter or confirm Coalition goals; concerns such as unemployment, housing, and violence may divert community attention away from a focus on racial disparities and health inequities.

4. **Name the elephant in the room.** In any collaborative effort, differences are inevitable. It is important to be able to dialogue about difference in a way that is productive for all involved; clear ground rules and solid relationships are essential for this. In particular, it's important to name racism and other forms of oppression when and where they arise—whether in conversation, the actions of groups or individuals, or institutional structures and norms. Acknowledging and addressing power differentials is key to successful collaboration.
5. **Clarify the vision and mission.** Clarifying the Coalition's vision and mission can help generate support and awareness for the partnership, reduce conflicting agendas, help identify allies, and minimize distractions from appropriate action. It may be useful to devise a strategy for orienting and including new participants, and to provide them with a working knowledge of the long history behind both the Coalition and Summit.
6. **Move from dialogue to action.** Coming up with a solid action plan and developing benchmarks will go a long way towards affirming and consolidating the work that's been done over the past couple of years. Action planning will require both community input and some consideration of best practices in organizing to eliminate health disparities. For example, a three-fold approach has been identified as an effective strategy for community-based health promotion by integrating (1) one-on-one interventions for high-risk individuals; (2) community wide interventions that attempt to change social norms; and (3) policy-level efforts that help modify the social and political environments.
7. **Integrate a policy focus.** Moving from program to policy may represent a paradigm shift in the health promotion culture of communities. However, since individual health is shaped by social and cultural norms and by the physical and policy environment of a community, any comprehensive approach to community health promotion must include a policy component. It may be useful for Coalition members to study other community-driven efforts that have attempted to translate knowledge about the social determinants of health and sources of health inequities into a useable form and to create policy and programming changes on the ground.
8. **Engage other sectors**. Success will require buy-in from stakeholders who are not currently at the table. Consciousness-raising about public health issues among those who are not public health practitioners is especially important to effecting policy change. More deliberate strategies must be used to get decision makers involved earlier in the effort, and to engage other sectors beyond health & health care. For example, collaboration requires partners to share energy and resources to address one or more health problems, which may reduce competition for limited funds.
9. **Find the right language** Getting other sectors involved will require finding the right language to make the case that this is everybody's issue. Health is often conflated

with health care, and connections are rarely made between social inequities, health disparities, and individual health outcomes. Furthermore, years of research on how Americans understand and talk about social issues suggest that discussions of inequality must overcome important and complex challenges. Tools that build the capacity of Coalition members to talk about the value of their work will undoubtedly help to achieve the goals and objectives laid out in the Action Plan.

10. **Celebrate accomplishments.** Short-term successes contribute to long-term effectiveness. Accomplishments should be celebrated and documented to support future Coalition activities. Measuring and demonstrating success through evaluation will both validate the hard work being done by Coalition and Committee members and enhance its appeal to potential funders.
11. **Invest in leadership.** Sustainability of the Coalition should always be in the minds of leadership. The Coalition has twenty years of rich history; while this is a testament to the commitment of Coalition members to the issue of racial disparities in birth outcomes, it is also a directly attributable to strong leadership that has kept the dream alive.
12. **Secure financial resources for the work**. Sustainable funding will help to support long-term goals of community change and population-level improvement. At the same time, it may also require that the partnership continuously demonstrate its value and contribution to the community. It may be advantageous for the Coalition to further explore its role in relation to current and future institutional partners that are interested in efforts to address health disparities (e.g. departments of health, foundations, educational institutions, etc).

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Equal Start Community Coalition Website:

http://www.equalstartwa.org/

Appendices

A. Timeline of the Equal Start Community Coalition

B. Equal Start Community Coalition partners: past & present

C. Policymaker/decision-maker/provider outreach decision matrix

D. Detailed Summit agenda

E. Summit one-pager

F. List of resources used during the Kickoff, Summit, and organizing efforts

G. Frameworks developed by participants at the Summit

Appendix A. Timeline of the Equal Start Community Coalition

Apr 1990	Representatives of Children's Hospital, Odessa Brown Clinic, Region X of the U.S. Public Health Services, Public Health – Seattle & King County, and many community organizations began working together to organize a conference on Urban Infant Mortality: The Northwest Challenge
Nov 2, 1991	The conference on Urban Infant Mortality: the Northwest Challenge is held, drawing more than 250 participants. Participants develop a "50-step" Action Plan to address high infant death rates in Seattle communities: this becomes the *1992-93 Action Plan for Reducing Infant Mortality in Seattle*.
	A Steering Committee is developed to oversee the implementation of the Action Plan along with the King County Minority Health Coalition.
	Neighborhood task forces are convened to increase the number of people involved in implementing the Action Plan. Of these, the Central Seattle Infant Mortality Committee (CSIMC) eventually assumes the most active role.
Dec 1991	The City of Seattle funds the Outreach Worker program, placing 1.5 Outreach Workers at Carolyn Downs Community Health Center (this work moved to Odessa Brown Children's Clinic a year later). While this was a strategy that had been widely used in public health efforts to address the HIV/AIDS epidemic, it is a new role for infant mortality prevention.
	(1991-1998) More agencies participate in the ORW program as additional funding becomes available, including: the Seattle Indian Health Board, People of Color Against AIDS Network (POCAAN), Yesler Terrace Community Clinic, MOM's Plus project, El Centro de la Raza, Program for Early Parent Support (PEPS), Center for MultiCultural Health, and Operational Emergency Center.
	An Infant Mortality Prevention Network is formed by the ORWs from community based organizations hiring infant mortality workers
Oct 1992	A second Infant Mortality Conference is held. Participants review the accomplishments of the previous year and identify themes to update and further develop the Action Plan for 1993.
Nov 1992	A "trouble case" occurs at a Seattle hospital when a cocaine-addicted woman requests that her outreach worker videotape the birth of her child, knowing that CPS will later be removing the child from her care. The video documents racial discrimination and unprofessional treatment of the mother by hospital staff. The issue becomes known to the CSIMC and the hospital requests for the Cross Cultural Health Care Program (CCHCP) to resolve the problem via cultural competency training
	The CSIMC threatens to sue the hospital through the Office of Civil Rights if acceptable measures are not taken to redress the situation. Cultural competency training is deemed an insufficient solution to the problem and a formal negotiation process begins between the hospital, CCHCP, and the CSIMC.
Jun 1993	The Cross Cultural Health Care Program conducts a cultural competency training for hospital staff. The hospital agrees to respond to recommendations of the CSIMC, which is now called the Taskforce and includes hospital representatives.

Aug 1994	The formal recommendations of the Taskforce are sent to hospital director.
Jan 1995	The Taskforce meets with hospital to discuss recommendations. The hospital agrees to contract with PHSKC to distribute funds to agencies that are already serving its clients through the existing ORW program.
Sep 1995	Outreach Workers are given a permanent space at the hospital
	CBOs collaborating with the hospital and participating in the Taskforce include POCAAN, Street Outreach Services, El Centro de la Raza, and MOM's Plus.
	A separate Infant Mortality Prevention Network continues independent of the Taskforce; this consists of all 5-9 agencies receiving ORW funding from PHSKC, beyond those engaged with the hospital following the trouble case.
1995-2008	The Taskforce continues to meet regularly to provide support to ORWs and address other trouble cases as necessary. Owing to the leadership of two respected community leaders, Ms. Elizabeth Thomas, RN, ARNP, and Dr. Bob Putsch, MD, and a core base of community partners, the Taskforce stays intact. However, lack of funding and continued conflict with the hospital often impair the efficacy of collaboration.
	(2003-2009) Mayet Dalila of IntraAfrikan Konnections (IAK) envisions the mobilization of community members to result in a Summit with policy makers, and develop new solutions to the longstanding issue of racial disparities in birth outcomes.
2008	The Taskforce begins a strategic planning process to expand its focus to addressing racial disparities in birth outcomes for African Americans, American Indians/Alaska Natives, and all people of color. The strategic planning process is broadly inclusive, including organizations with outreach workers as well as others committed to eliminating racial disparities in birth outcomes.
Feb 2009	The Taskforce changes its name to the Equal Start Community Coalition to reflect its expanded focus and membership.
Jan 2010	A Summit Planning Committee is formed and Coalition meetings became increasingly centered on Summit organizing activities, with a plan to convene the Summit in October 2010.
May 2010	A small sum is secured by PHSKC to contract with NAWDIM and IAK to do outreach in the community. However, owing to budget cuts and the decreasing availability of funds, the contracts have to be dissolved only a few months prior to the proposed Summit.
July 2010	The planning committee decides to postpone the Summit until January 2011. The date of January 14th, 2011 is chosen to coincide with MLK Day events and visit by Dr. Camara Jones, a national expert and widely known speaker on racism and health disparities. Dr. Jones accepts the invitation to speak at the Summit.
Sept 2010	The January Summit date is changed be a "kickoff" event, to precede a more focused organizing period and culminating Summit in September 2011. A new name is chosen for the cumulative organizing effort, which is now referred to as *Fulfilling the Dream for Our Children: A Community Call to Action on Infant Mortality.*
Jan 14, 2011	The Equal Start Community Coalition officially launches a kickoff to its yearlong

	effort: *Fulfilling the Dream for Our Children - A Community Call to Action on Infant Mortality*. In a packed room, over eighty participants discuss their work and commitment to eliminating racial disparities in birth outcomes in the 4-county region of King, Tacoma-Pierce, Snohomish, and Kitsap counties.
Jan 2011	Four new leaders, originally recruited by Ms. Thomas, step up to form an Executive Committee for the Coalition: Dr. Ben Danielson from Odessa Brown Children's Clinic; Devon Love from the Center for Multicultural Health (CMCH), Leah Henry Tanner from the Native American Women's Dialogue on Infant Mortality (NAWDIM), and Emma Medicine White Crow from the Governor's Interagency Council on Health Disparities.
Feb 2011	Ms. Elizabeth Thomas (Ms.T), one of the original leaders of the Coalition and the first African American nurse-practitioner in Washington State, passes away. Her passing results in an expansion of participation in the Equal Start Community Coalition, as individuals inspired by her memory join Summit organizing efforts.
Jun 2011	Funding is secured to guarantee that a September Summit will take place. An RFP is issued to contract with local CBOs to recruit community members for the Summit. The recipients of these awards are the Native American Women's Dialogue on Infant Mortality (NAWDIM) and Center for MultiCultural Health (CMCH).
Sep 15, 2011	Liz Thomas Legacy Policy Summit to Eliminate Racial Disparities in Birth Outcomes. At the Summit, participants develop recommendations to provide the elements of a Regional Action Plan.

Appendix B. Equal Start Community Coalition Partners: Past & Present

Early Member Organizations

Carolyn Downs Community Health Center
Cross Cultural Health Care Program (CCHCP)
DSHS Community Service Offices
El Centro de la Raza
IntraAfrikan Konnections
MOM's Plus
Odessa Brown Children's Clinic
Operational Emergency Center (OEC)
People of Color Against AIDS Network (POCAAN)
Program for Early Parent Support (PEPS)
Public Health – Seattle & King County (PHSKC)
Seattle Children's
Street Outreach Services
Yesler Terrace Community Health Center

Current Member Organizations

Bedtime Basics for Babies
Breastfeeding Coalition of Washington
Catholic Community Services
Center for MultiCultural Health (CMCH)
DSHS Children's Administration, Region 4
El Centro de la Raza
IntraAfrikan Konnections
Governor's Interagency Council on Health Disparities
March of Dimes
Matt Talbot Center
Native American Women's Dialog on Infant Mortality (NAWDIM)
Northwest Infant Survival & SIDS Alliance (NISSA)
Odessa Brown Children's Clinic
Open Arms Perinatal Services
People of Color Against AIDS Network
Public Health – Seattle & King County (PHSKC)
Mary Mahoney Professional Nurses Organization
Seattle Women's Commission
Seattle Indian Health Board (SIHB)
Samoan Nurses Organization of Washington
Urban Indian Health Institute (UIHI)
UW Bothell Nursing Program
UW School of Nursing
UW Medical Center – Maternal Infant Care Clinic
WithinReach
YWCA Seattle King Snohomish

Partners in the Liz Thomas Legacy Policy Summit (*indicates funder)

Breastfeeding Coalition of Washington State*
Center for MultiCultural Health (CMCH)
Foundation for Early Learning*
Governor's Interagency Council on Health Disparities*
Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)*
March of Dimes*
Northwest Infant Survival & SIDS Alliance (NISSA)*
Native American Women's Dialogue on Infant Mortality (NAWDIM)
NAACP of Washington
NW Infant Survival & SIDS Alliance (NISSA)
Open Arms Perinatal Services
Public Health – Seattle & King County (PHSKC)
Seattle Children's Hospital
US Dept of Health & Human Services, Health Resource Services Administration, Region X*
UW Bothell Nursing Program
Washington Dept of Health, Healthy Communities Office, Access and Care Coordination Section*
Washington State Health Care Authority
Washington State WIC
WithinReach
YWCA Seattle King Snohomish

Appendix C – Decision Matrix

Fulfilling the Dream for Our Children: Community Call to Action on Infant Mortality Policymaker/Decision-maker/Provider Outreach Decision Matrix				
Representation	**Question**	**Y**	**N**	**Comments**
Geographic Location: The person lives or works the 4-county area (King, Pierce, Kitsap, or Snohomish County.)	**Geographic Location:** Does the person add representation from a county not on the list?			
Representation: The person is representative of groups experiencing disparities in birth outcomes (African American, American Indian/Alaska Native).	**Representation:** Does the person represent a population or geographic group not already represented on the list?			
Regional Action Planning: The person's knowledge or experience or perspective will contribute to development of a regional action plan.	**Regional Action Planning:** Will the person's presence at the Summit contribute to development of a regional action plan?			
Sector/Arena: Health, education, community development, early learning, environment, housing, jobs/living wage, transportation	**Sector/Arena:** Does the person add representation from a sector not already on the list? If health sector, does this person contribute something different?			
Preparation	**Question**	**Y**	**N**	**Comments**
Understanding of "upstream" Social Determinants of Health The person already understands the Social Determinants of Health.	**Understanding of "upstream" Social Determinants of Health** If not, can you engage the person in the next 8 weeks?			
Willingness to work: This person's ability to participate in the work of the Summit.	**Willingness to work:** Is this person someone who would roll up their sleeves and participate in the work of the Summit?			
Willingness to share power: The person's ability & desire to share power with community members?	**Willingness to share power:** Can you prepare this person to share power at the Summit?			
2nd Tier? If N is the response to above questions, consider this person as someone to engage with after the Summit.	**2nd Tier?** Instead of attending the Summit, would this person be someone to engage with afterwards?			
Guiding Principles: ▪ *Hold the women and families most affected at the center* ▪ *Facilitate action more than dialogue* ▪ *New partnerships with sectors outside of health*				

Appendix D. Summit Agenda

Fulfilling the Dream – The Liz Thomas Legacy Policy Summit on Infant Mortality
September 15, 2011

Detailed Summit Agenda

Emcee – Kathy Carson, recently retired Manager of Parent Child Health, PHSKC

9:00 – 9:15 am Blessing and Welcome

Emma Medicine White Crow is Chair of the Governor's Interagency Council on Health Disparities, and a member of the Executive Committee of the Equal Start Community Coalition, and a founder of the Native American Women's Dialog on Infant Mortality. Emma will give a blessing and welcome the day.

Dr. Patrick O'Carroll is a Rear Admiral and Assistant Surgeon General in the U.S. Public Health Service, serving since January 2003 as the Regional Health Administrator , for Region X (which includes AK, ID, OR, and WA). As Regional Health Administrator, Rear Admiral O'Carroll serves as the region's principal federal public health physician and scientist representing the Assistant Secretary of Health and the U.S. Department of Health and Human Services. Rear Admiral O'Carroll will give a welcome from Region X

9:15 am – 9:30 am Framing the Day

Emma Medicine White Crow and Frankie Manning are members of the Governor's Interagency Council on Health Disparities, and the Equal Start Community Coalition. In addition, they were both approached by Liz in the year before she died, asking them to step up as leaders for this work. They will remind us about the kickoff in January, and frame today's work. They will emphasize the data and the work our communities have done over the past 20 years, and the reality that it has not changed the disparities.

9:30 – 10:30 am Session #1: Listening – Interview Panel

Panelists

- Michelle Mitchell-Brannon, Teen As Parent Support Case Manager, Atlantic Street Center, Rainier Beach Family Center
- Cami Goldhammer, Native American Breastfeeding Coalition of Washington.
- Greg Taylor, Renton City Council
- Theressa Lenear, Childcare Resources

Moderators

- Michelle Sarju, Clinical Director, Open Arms Perinatal Services
- Marguerite Ro, Director, APDE, PHKSC

Simple powerful questions for panelists:

- Why haven't the differences in birth outcomes gone away?
- How are we all contributing to this reality staying the same?
- What is keeping these powerful communities from healthy outcomes?
- What can we do?
- How do we as individuals open the door of opportunity for each other?
- is infant mortality important to you and your community? What is your role in reducing racial disparities in birth outcomes
- Why should infant mortality be a priority for the community?
- What are the challenges & opportunities for the future?

10:30 – 10:45 am Break

10:45 – 11:45 am Session #2 Small-group Dialogues at tables

Reflecting on Panels' remarks and the data.

Kathy: In a focused conversation, you will reflect on the data and remarks from Emma and Frankie, and on the issues raised by the panel. There is a facilitator at each table, who will take you through the focused conversation. Also, there is a table where the conversation will take place in Spanish.

Rational Aim: explore the issues raised by the panel to prepare for developing an action framework and hear from community members. .

Experiential Aim: create energy and excitement as participants discuss the issues, express their feelings, begin thinking about solutions, and hear other people's ideas.

- Opening: Reflecting on the data and the panelists' remarks, we'll have a conversation moving through questions to help you think together. My role as facilitator is to guide the conversation. The ideas raised this morning may trigger many associations and perspectives. We hope to hear as many perspectives as possible as we talk.
- Objective Question: Please say your name and what ideas or phrases stood out for you?
- Reflective Questions: What reminded you of your own personal experience or your community's experience? What surprised you?
- Interpretive Question: From your experience, or from what you just heard from the panel, what changes in access to opportunity are needed? What broad changes might make a difference? What policies need to be changed? (polices are rules & regulations, legislation, budget decisions, operations, structures)
- Decisional/directional Questions: The next 2 sessions will be about action, so let's start talking about actions. Where would you start? Where would you go from here? What would you do?

11:45 – 11:55 am Elizabeth Thomas Legacy Award

Equal Start Community Coalition Executive Committee (Ben Danielson, Devon Love, Leah Tanner, Emma Medicine White Crow) presents award to Kathy Carson.

11:55 am – 12:30 pm Lunch

Invite them to bring lunch back into the main room, to watch a digital story from a community member.

Also invite them to view the display about stories collected by the Native American Women's Dialog on Infant Mortality.

12:30 – 1:30 pm Session #3: Dialog groups at tables by interest areas (health care/health care reform, education, community development, early learning, environment, housing, jobs/living wage, transportation)

Kathy: Now you have an opportunity to begin to share your best ideas of changes in practices and policies you would like to see accomplished, in a particular interest area. Find a table marked with the topic or arena that interests you, and participate in a focused conversation. There is a facilitator at each table, who will take you through a focused conversation about these issues. Also, there is a table where the conversation will take place in Spanish.

Rational Aim: get people's best ideas of changes in practices and policies they would like to see accomplished – those ideas with the most energy, momentum, potential of being implemented.

Experiential Aim: participants have an opportunity to share and learn about best practices and policies in a variety of sectors of interest.

- Opening: Reflecting on the ideas raised this morning, by the beginning speakers and the panelists, and by the previous dialogue, now we're going to have a conversation about a particular arena. My role as facilitator is to guide the conversation. We hope to hear your perspectives on the area of (health care/health care reform, education, community development, early learning, environment, housing, jobs/living wage, transportation).
- Objective Question: From the panel and in the previous conversation what phrases and ideas have you heard?
- Reflective Questions: What stood out as surprising or disturbing to you? What stressors talked about operate in this arena?.(housing, etc.)
- Interpretive Questions: what are the best ideas, practices, policies that you can think of, to address racial disparities in birth outcomes? Where do we currently have power and influence?
- Decisional/directional Questions: What actions could change the stressors in your arena? What resources would be needed? What partnerships could be formed? What initiatives are underway?

1:30 – 1:45 pm **Break**

1:45 – 3:30 pm **Session #4: Action Framework Development:**

Kathy: Now you will gather into groups by region/county (Snohomish County, Pierce County, Kitsap County, and 2 King County groups), and brainstorm the best ideas you would like to see implemented in the region/county, and commit to action. Each group will have a facilitator.

Workshop Question: What practical actions could change the stressors and influences that lead to disparities in birth outcomes?

Rational Aim: To identify best ideas, practices and policies they would like to see implemented in their region/county and commit to action.

Experiential Aim: People will go home excited about the new connections and ideas.

3:30 – 3:45 pm **Wrap-up**

Appendix E. Summit one-pager

Fulfilling the Dream for Our Children
A Community Call to Action on Infant Mortality
Thursday, September 15, 2011
Doubletree Southcenter Hotel, 16500 Southcenter Parkway

Babies embody our hopes and dreams for the future. Their health represents the overall health and well-being of our society. While every baby deserves a chance to live a long and healthy life, some babies have worse chances—or poorer birth outcomes—than others. In King, Pierce, Snohomish and Kitsap counties, African American and Native American babies are dying two to three times more often than all other babies. We need *your help* to resolve this issue.

A college-educated black woman in the United States is more likely to lose her baby than a white woman with only a high school education. A Native American woman who starts prenatal care in her first trimester is more likely to lose her baby than a white woman with late or no prenatal care. In spite of numerous efforts, these racial disparities in birth outcomes have not changed over time. It's time to do something new.

To fully understand why some babies are born healthy and others are not, we need to look "upstream" to the places where we live, work, learn, and play. Health starts long before illness, in our homes, schools and jobs—so the path to a healthy or unhealthy life for our babies depends on many factors outside the health care system. Eliminating disparities in birth outcomes will require that we address its root causes, including racism and economic inequality. It will also require that we work together across multiple sectors of society to achieve the dream of every baby having an equal start in life.

Only together can we ensure a healthy future for our babies and society. Join us in our effort of *Fulfilling the Dream for Our Children*.

Background
Over the past year the Equal Start Community Coalition has been bringing together community members, care providers, and decision makers who are concerned and willing to work together on this issue. On January 14, 2011 the Coalition officially launched a kickoff to its yearlong effort: *Fulfilling the Dream for Our Children - A Community Call to Action on Infant Mortality*. In a packed room, over eighty participants discussed their work and commitment to the health of their babies, families, and communities. This officially began a dialogue and regional effort to eliminate poor birth outcomes in Native American and African American communities.

The Summit
The goal of the September 15, 2011 Summit is to find new and different ways to address the root causes of poor birth outcomes and ensure an equal start for every child.

The Summit will provide an opportunity for community members, care providers, and decision makers from King, Pierce, Snohomish and Kitsap counties to work together on a regional action plan. This will be an extraordinary opportunity to build capacity among grass roots community members, stakeholders, and policy makers to identify and implement new strategies that will make a difference. The plan will address the root causes of racial disparities in birth outcomes—including inequities in housing, criminal justice, economic development, environmental justice and education.

7/28/2011

In preparation for the September 15, 2011 Summit, the Equal Start Community Coalition will:

- Facilitate dialogues in the four counties of King, Pierce, Snohomish and Kitsap to identify ways to address the issue
- Recruit and educate community members, care providers, and policy makers to dialogue and work together during the Summit
- Forge new partnerships to address the root causes of poor birth outcomes and go beyond health care—including housing, education reform, environmental justice, and the criminal justice system
- Create work groups to develop a regional action plan to promote equal health for all babies

About the Equal Start Community Coalition

The mission of the Equal Start Community Coalition is to promote healthy mothers, healthy families and healthy communities. The main goal of the Coalition is to prevent infant mortality by promoting collaboration between communities and the health care sector, advocating for health equity, impacting political processes, and eliminating institutional racism.

Members of the Equal Start Community Coalition

Coalition members represent the following organizations:

Bedtime Basics for Babies
Breastfeeding Coalition of Washington
Catholic Community Services
Center for MultiCultural Health
DSHS Children's Administration, Region 4
El Centro de la Raza
IntraAfrikan Konnections
Governor's Interagency Council on Health Disparities
March of Dimes
Matt Talbot Center
Native American Women's Dialog on Infant Mortality
Northwest Infant Survival & SIDS Alliance
Odessa Brown Children's Clinic
Open Arms Perinatal Services
People of Color Against AIDS Network
Public Health – Seattle & King County
Mary Mahoney Professional Nurses Organization
Seattle Women's Commission
Seattle Indian Health Board
Samoan Nurses Organization of Washington
Urban Indian Health Institute
UW Bothell Nursing Program
UW School of Nursing
UW Medical Center – Maternal Infant Care Clinic
WithinReach
YWCA Seattle King Snohomish

Partners in the Regional Policy Summit

Native American Women's Dialogue on Infant Mortality; Center for MultiCultural Health; YWCA Seattle King Snohomish; Washington Dept of Health, Healthy Communities Office, Access and Care Coordination Section; Washington State Health Care Authority; Washington State WIC; Governor's Interagency Council on Health Disparities; Public Health – Seattle & King County; Breastfeeding Coalition of Washington State; Foundation for Early Learning; March of Dimes; UW Bothell Nursing Program; US Dept of Health & Human Services, Health Resource Services Administration, Region X; NW Infant Survival & SIDS Alliance; Open Arms Perinatal Services; WithinReach; NAACP of Washington; & others.

Equal Start Community Coalition web-site: http://equalstartwa.org/home.html
For more information contact:

7/28/2011

Appendix F. List of Resources

Selected resources used during the Kickoff, Summit, and organizing/planning efforts

FILMS	WEBSITES
Unnatural Causes For information: http://unnaturalcauses.org/	**Unnatural Causes – Resource list for "When the Bough Breaks" (episode 2)** http://unnaturalcauses.org/resources.php?keyword=EP_2&button=GO+
ARTICLES	EXPERTS
Gardeners tale, an allegory for understanding racism For information and to see a video: http://citymatch.org/UR_tale.php Citation for the article: Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. Am J Public Health 2000;90(8):1212-1215.	Camara Jones, MD, PhD Centers for Disease Control Atlanta, GA camara.jones@cdc.hhs.gov Maxine Hayes, MD Washington State Health Officer, Washington Department of Health Olympia, WA Maxine.Hayes@DOH.WA.GOV